

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of Maryland		
Case number (if known) <u>25-14985</u>		

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Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B	\$ 749,000.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 2,281,761.78
1c. Copy line 63, Total of all property on Schedule A/B	\$ 3,030,761.78

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ 355,889.00
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3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 3,450.35
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$ 281,062.35
Your total liabilities	
	\$ 640,401.70

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I	\$ 1,436.00
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5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J	\$ 9,342.00
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Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,436.00

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 3,450.35

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 214,392.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 217,842.35

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Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1 6008 SUZANNE ROAD
 Street address, if available, or other description
 WALDORF MD 20601-3201
 City State ZIP Code
 CHARLES-MD
 County

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 475,000.00 \$ 475,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
 fee simple

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2 Westgate Vacation Villas Resort
 Street address, if available, or other description
 7700 Westgate Blvd
 Kissimmee FL 34747
 City State ZIP Code
 OSCEOLA-FL
 County

What is the property? Check all that apply.

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 274,000.00 \$ 274,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
 fee simple

Check if this is community property (see instructions)

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2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 749,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: Honda

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 7,800.00 \$ 7,800.00

Model: Civic

Year: 2016

Approximate mileage:

Other information:

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2 Make: Chevy

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 5,400.00 \$ 5,400.00

Model: Cruze HB

Year: 2018

Approximate mileage: 135000

Other information:

Check if this is community property (see instructions)

3.3 Make: Ford

Who has an interest in the property? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 2,900.00 \$ 2,900.00

Model: Focus

Year: 2010

Approximate mileage: 152000

Other information:

Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

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Make: _____

Who has an interest in the property? Check one.

Model: _____

 Debtor 1 only

Year: _____

 Debtor 2 only

Other information: _____

 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own? **Check if this is community property (see instructions)**

\$ _____ \$ _____

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here. →

\$ 16,100.00

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Part 3: Describe Your Personal and Household Items**Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

6. Household goods and furnishings*Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe. Living Room set (2), Dining Room set (1), Bedroom Furniture (3), Beds (3), Dishes, Silverware set (1)\$ 7,000.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe. Printer (2), Laptop (1), Television (5), Cellphone (1)\$ 850.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe. \$ **9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe. \$ **10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe. \$ **11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe. Everyday Clothes, everyday shoes, accessories\$ 1,000.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe. \$

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13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.

\$ _____

14. Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information.

\$ _____

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here. →\$ 8,850.00

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Part 4: Describe Your Financial Assets**Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

16. Cash*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No Yes

Cash: \$ _____

17. Deposits of money*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. No Yes

Institution name:

17.1	Checking account:	Relay Financial	\$	31.00
17.2	Checking account:	Charles Schwab	\$	25.00
17.3	Checking account:	Sutton Bank / Cashapp	\$	52.00

18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes

Institution or issuer name:

\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them

Name of entity:

% of ownership:

The Rujalan Group, LLC 100 % \$ 100.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

First Home Mortgage Corp., Security Instrument (Note) - (MINS 1000915-0000242402-3)	\$	565,741.65
Capital One Auto Finance (Note -6205153862853)	\$	29,093.04
Navy Federal Credit Union (Note - 4300158558572)	\$	27,937.00
Wells Fargo	\$	37,800.00
OneMain Financial	\$	19,862.44

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Mariner Finance	\$	4,397.00
Westgate Resorts/Westgate Vacation Villas LLC (Notes - 74395623098-000 & 51098183331-000)	\$	58,079.00
Department of Education/Sallie Mae/Navient/Nelnet/FedLoan/Mohela	\$	215,000.00
Secretary of the Housing and Urban Development (HUD) (PCD/Note - 1469369647)	\$	15,741.65

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately. Type of account:

Institution name:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.....

Institution name or individual:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes..... Issuer name and description:

\$ _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

\$ _____

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them

Antonica Holmes Revocable Trust, Antonicia Holmes Living Trust, Holmes-Carter Living Trust. Contingent interest in the listed Trusts; no current distributions or control.

\$ 475,000.00

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them

TheRujalanGroup.com domain

\$ 99.00

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27. Licenses, franchises, and other general intangibles*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them

Comptia Security+CE Certification

\$ 250.00

Money or property owed to you?**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.

Federal:	\$ _____
State:	\$ _____
Local:	\$ _____

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.

Alimony:	\$ _____
Maintenance:	\$ _____
Support	\$ _____
Divorce Settlement:	\$ _____
Property Settlement:	\$ _____

30. Other amounts someone owes you*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information.

\$ _____

31. Interests in insurance policies*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Liberty Mutual

ANTONICIA HOLMES

\$ 500.00

Boston Mutual

ANTONICIA HOLMES

\$ 1,073.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information.

\$ _____

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33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Give specific information.

	\$ _____
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34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No Yes. Give specific information.

Notice of Interest & Equitable personal injury Claim filed into case C-08-CV-24-000753, claiming an equitable and beneficial interest in the property known as 6008 Suzanne Road, Waldorf, Maryland 20601, currently titled under the Antonicia Holmes Revocable Trust. Also, NOI & Equitable personal injury Claim to be soon filed against Westgate Resorts, Capital One, NFCU for the subject properties to be titled under the Antonicia Holmes Living Trust.	\$ 806,030.00
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35. Any financial assets you did not already list No Yes. Give specific information.

	\$ _____
--	----------

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here →

\$ 2,256,811.78

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Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No
 Yes. Describe \$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No
 Yes. Describe \$

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No
 Yes. Describe \$

41. Inventory

No
 Yes. Describe \$

42. Interests in partnerships or joint ventures

No
 Yes. Describe Name of entity:

% of ownership:

_____ 0 % _____ \$ _____

43. Customer lists, mailing lists, or other compilations

No
 Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No
 Yes. Describe \$

44. Any business-related property you did not already list

No
 Yes. Give specific information \$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here ➔ \$ 0.00

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Part 6:**Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.
 Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes

	\$ _____
--	----------

48. Crops—either growing or harvested

No
 Yes. Give specific information

	\$ _____
--	----------

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes

	\$ _____
--	----------

50. Farm and fishing supplies, chemicals, and feed

No
 Yes

	\$ _____
--	----------

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information

	\$ _____
--	----------

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here

	\$ _____
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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

 No Yes. Give specific information

\$ _____

54. Add the dollar value of all of your entries from Part 7. Write that number here → \$ _____ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 → \$ 749,000.00

56. Part 2: Total vehicles, line 5 \$ 16,100.00

57. Part 3: Total personal and household items, line 15 \$ 8,850.00

58. Part 4: Total financial assets, line 36 \$ 2,256,811.78

59. Part 5: Total business-related property, line 45 \$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ _____

61. Part 7: Total other property not listed, line 54 +\$ 0.00

62. Total personal property. Add lines 56 through 61. → \$ 2,281,761.78 Copy personal property total → +\$ 2,281,761.78

63. Total of all property on Schedule A/B. Add line 55 + line 62. → \$ 3,030,761.78

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of Maryland		
Case number (if known)	25-14985	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption
Copy the value from <i>Schedule A/B</i>			
Brief description: 2016 Honda Civic	\$ 7,800.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4);
Line from <i>Schedule A/B</i> : 3.1			
Brief description: 2018 Chevy Cruze HB	\$ 5,400.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4).
Line from <i>Schedule A/B</i> : 3.2			
Brief description: 2010 Ford Focus	\$ 2,900.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4).
Line from <i>Schedule A/B</i> : 3.3			
Brief description: Living Room set (2), Dining Room set (1), Bedroom Furniture (3), Beds (3), Dishes, Silverware set (1)	\$ 7,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4);

Debtor 1 ANTONICIA

HOLMES

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First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption
Line from Schedule A/B: 6	Copy the value from Schedule A/B	<i>Check only one box for each exemption.</i>	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Brief description: Everyday Clothes, everyday shoes, accessories	\$ 1,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 11			
Brief description: Printer (2), Laptop (1), Television (5), Cellphone (1)	\$ 850.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5), Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 7			
Brief description: Liberty Mutual ANTONICIA HOLMES	\$ 500.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 31.1			
Brief description: Boston Mutual ANTONICIA HOLMES	\$ 1,073.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 31.2			
Brief description: 6008 SUZANNE ROAD, WALDORF, MD 20601-3201	\$ 475,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Tax-Prop. § 14-811(c).
Line from Schedule A/B: 1.1			
Brief description: Westgate Vacation Villas Resort, 7700 Westgate Blvd, Kissimmee, FL 34747	\$ 274,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Tax-Prop. § 14-811(c).
Line from Schedule A/B: 1.2			
Brief description: Antonicia Holmes Revocable Trust, Antonicia Holmes Living Trust, Holmes-Carter Living Trust. Contingent interest in the listed Trusts;	\$ 475,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. §

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption
<u>no current distributions or control.</u>	Copy the value from Schedule A/B	<i>Check only one box for each exemption.</i>	
Line from Schedule A/B: <u>25</u>			11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Tax-Prop. § 14-811(c).
Brief description: Department of Education/Sallie Mae/Navient/Nelnet/FedLoan/Mohela	\$ <u>215,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: <u>20.8</u>			
Brief description: Notice of Interest & Equitable personal injury Claim filed into case C-08-CV-24-000753, claiming an equitable and beneficial interest in the property known as 6008 Suzanne Road, Waldorf, Maryland 20601, currently titled under the Antonicia Holmes Revocable Trust. Also, NOI & Equitable personal injury Claim to be soon filed against Westgate Resorts, Capital One, NFCU for the subject properties to be titled under the Antonicia Holmes Living Trust.	\$ <u>806,030.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Tax-Prop. § 14-811(c).
Line from Schedule A/B: <u>34</u>			
Brief description: First Home Mortgage Corp., Security Instrument (Note) - (MINS 1000915-0000242402-3)	\$ <u>565,741.65</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Tax-Prop. § 14-811(c).
Line from Schedule A/B: <u>20.1</u>			
Brief description: Capital One Auto Finance (Note -6205153862853)	\$ <u>29,093.04</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: <u>20.2</u>			
Brief description: Navy Federal Credit Union (Note - 4300158558572)	\$ <u>27,937.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption
Line from Schedule A/B: 20.3	Copy the value from Schedule A/B	Check only one box for each exemption.	504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Brief description: Checking Account Charles Schwab	\$ 25.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 17.2			
Brief description: Checking Account Relay Financial	\$ 31.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 17.1			
Brief description: Checking Account Sutton Bank / Cashapp	\$ 52.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 17.3			
Brief description: Wells Fargo	\$ 37,800.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 20.4			
Brief description: OneMain Financial	\$ 19,862.44	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 20.5			
Brief description: The Rujalan Group, LLC	\$ 100.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Line from Schedule A/B: 19.1			

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own?	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	<i>Check only one box for each exemption.</i>	
Brief description: Mariner Finance Line from Schedule A/B: 20.6	\$ 4,397.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Brief description: TheRujalanGroup.com domain Line from Schedule A/B: 26	\$ 99.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h).
Brief description: Employment/Personal Injury - Antonicia Holmes vs Paragon Case 18-042-P(CN). Line from Schedule A/B: 33	\$ 325,000.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2). Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(7).
Brief description: Comptia Security+CE Certification Line from Schedule A/B: 27	\$ 250.00	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(4); Maryland Code – Courts and Judicial Proceedings § 11-504(b)(5); Md. Code Ann., Cts. & Jud. Proc. § 11-504(h); Md. Code Ann., Cts. & Jud. Proc. § 11-504(b)(2).
<p>3. Are you claiming a homestead exemption of more than \$214,000? (Subject to adjustment on 4/01/28 and every 3 years after that for cases filed on or after the date of adjustment.)</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>			

Fill in this information to identify your case:

Debtor 1	ANTONICIA		HOLMES
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)	25-14985		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.4 CAPITAL ONE AUTO FINANCE	Describe the property that secures the claim: 2016 HONDA ACCORD, RED; VIN 2HGFC2F50GH555764	\$ 9,850.00 \$ 7,800.00 \$ 2,050.00
Creditor's Name 7933 Preston Rd Number Street	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Plano TX 75024 City State ZIP Code	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	Date debt was incurred 10/31/2019	Last 4 digits of account number 2853
2.1 FIRST HOME MORTGAGE	Describe the property that secures the claim: 6008 Suzanne Rd, Waldorf, MD 20601. APN# 08037426;	\$ 304,825.00 \$ 475,000.00 \$
Creditor's Name 6211 Greenleigh Ave Number Street	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
Ste. 300 Baltimore MD 22120 City State ZIP Code	Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	
Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt		

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.			Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Date debt was incurred 07/24/2020			Last 4 digits of account number 4915		
2.5	NAVY FEDERAL CREDIT UNION		Describe the property that secures the claim:	\$ 18,841.00	\$ 5,400.00 \$ 13,441.00
	Creditor's Name P.O. BOX 3700 Number Street		2018 Chevy Cruze HB, Red; VIN 3G1BE6SM5JS601601		
	Merrifield VA 22119 City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Nature of lien. Check all that apply.		
	Date debt was incurred 05/30/2023		Last 4 digits of account number 5725		
2.2	WESTGATE VACATION VILLAS RESORT		Describe the property that secures the claim:	\$ 5,373.00	\$ 25,178.00 \$
	Creditor's Name 7700 Westgate Blvd Number Street		Phase XXIV; PIN: R102527-5451-0001-0010; 7700 Westgate Blvd, Kissimmee, FL 34747		
	VVA/01/40/ ODD Kissimmee FL 34747 City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Nature of lien. Check all that apply.		
	Date debt was incurred 07/05/2016		Last 4 digits of account number 2309		
2.3	WESTGATE VACATION VILLAS RESORT		Describe the property that secures the claim:	\$ 17,000.00	\$ 32,901.00 \$
	Creditor's Name 7700 Westgate Blvd Number Street		Phase XXIV; PIN: R102527-5451-0001-0010; 7700 Westgate Blvd, Kissimmee, FL 34747		
	VVA/01/47/ EVEN Kissimmee FL 34747 City State ZIP Code		As of the date you file, the claim is: Check all that apply.		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit		
	Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only		Nature of lien. Check all that apply.		
	<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit				

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Other (including a right to offset)			
	<input type="checkbox"/> Check if this claim is for a community debt _____	Last 4 digits of account number 3331			
	Date debt was incurred 09/04/2022				
		Column A dollar value totals from all pages.	\$ 355,889.00		

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

3.1	AIS Portfolio Services, LLC		
	Name		
	4515 N Santa Fe Ave		
	Number Street		
	Oklahoma City	OK	73118
	City	State	ZIP Code

On which line in Part 1 did you enter the creditor? 2.4Last 4 digits of account number 2853

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES
	First Name	Middle Name
Debtor 2 (Spouse, if filing)		Last Name
	First Name	Middle Name
		Last Name
United States Bankruptcy Court for the: District of Maryland		
Case number (if known)	25-14985	

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Internal Revenue Service Priority Creditor's Name	Last 4 digits of account number 8757	\$ 3,450.35	\$ 3,450.35 \$ _____
	Number Street	When was the debt incurred? 01/01/2022		
	KANSAS CITY MO 64999-0010 City State ZIP Code	As of the date you file, the claim is: Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Who incurred the debt? Check one.	Type of PRIORITY unsecured claim:		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
	<input type="checkbox"/> Check if this claim is for a community debt			
	Is the claim subject to offset?			
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: List ALL of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.4	Capital One Bank USA Nonpriority Creditor's Name P.O. BOX 31293 Number Street		Last 4 digits of account number 1229 \$ 3,027.00 When was the debt incurred? 07/15/2014
Salt Lake City UT 84131-1293 City State ZIP Code			As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
4.5	Capital One Bank USA Nonpriority Creditor's Name P.O. BOX 31293 Number Street		Last 4 digits of account number 1768 \$ 1,228.00 When was the debt incurred? 07/17/2013
Salt Lake City UT 84131-1293 City State ZIP Code			As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card
4.26	Central Violations Bureau (CVB) Nonpriority Creditor's Name P.O. BOX 780549 Number Street		Last 4 digits of account number 8601 \$ 125.00 When was the debt incurred? 02/13/2024
San Antonio TX 78278-0549 City State ZIP Code			As of the date you file, the claim is: Check all that apply

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Traffic Citation No. E1968601

Is the claim subject to offset?

No
 Yes

4.27

Central Violations Bureau (CVB)

Nonpriority Creditor's Name

P.O. BOX 780549

Number Street

Last 4 digits of account number 8602

\$ 110.00

When was the debt incurred? 02/13/2024

San Antonio TX 78278-0549
City State ZIP Code**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Traffic Citation No. E1968602

Is the claim subject to offset?

No
 Yes

4.21

Charles County Maryland

Nonpriority Creditor's Name

School Bus Safety Program

Number Street

P.O. BOX 411472

Last 4 digits of account number 5297

\$ 292.50

When was the debt incurred? 11/15/2024

Boston MA 02241-1472
City State ZIP Code**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Citation No. CR-3445297

Is the claim subject to offset?

No
 Yes

4.17

Charles County Water & Sewer

Nonpriority Creditor's Name

Last 4 digits of account number 1358

\$ 195.76

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

200 Baltimore Street

Number Street

P.O. BOX 1630

LaPlata MD 20646-1630
City State ZIP Code

When was the debt incurred? 05/19/2025

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Water and Sewer Bill

4.12

CITIBANK - HOME DEPOT

Nonpriority Creditor's Name

P.O. BOX 6045

Number Street

Last 4 digits of account number 5181

\$ 2,400.00

When was the debt incurred? 09/2020

Sioux Falls SD 57117-6405
City State ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.30

CITY OF SEAT PLEASANT

Nonpriority Creditor's Name

P.O. BOX 17475

Number Street

Last 4 digits of account number 0395

\$ 75.00

When was the debt incurred? 08/01/2024

Baltimore MD 21297-1475
City State ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

 Yes

Camera Citation No. SP41750395

4.9	CREDIT ONE BANK Nonpriority Creditor's Name P.O.BOX 60500 Number Street			Last 4 digits of account number 7444	\$ 1,817.34
			When was the debt incurred? 11/2021		
City of Industry CA 91716-0500 City State ZIP Code			As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Check if this claim is for a community debt <input type="checkbox"/>			Type of NONPRIORITY unsecured claim:		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card		
4.14	Dept of ED / NELNET/ NAVIENT /FEDLOAN Nonpriority Creditor's Name 121 S 13TH ST Number Street STE 301			Last 4 digits of account number 1858	\$ 184,000.00
			When was the debt incurred? 11/05/2015		
Lincoln NE 68508 City State ZIP Code			As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Check if this claim is for a community debt <input type="checkbox"/>			Type of NONPRIORITY unsecured claim:		
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify		
4.24	District Court for Prince George's County Nonpriority Creditor's Name Traffic Adjudication Number Street 14735 Main Street, Ste. 173B			Last 4 digits of account number 0SR2	\$ 160.00
			When was the debt incurred? 11/16/2023		
Upper Marlboro MD 20772-3042 City State ZIP Code			As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:			<input type="checkbox"/> Student loans		

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

 Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce

Is the claim subject to offset?

 that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify

Traffic Citation #SZW0SR2

4.25	District Court for Prince George's County Nonpriority Creditor's Name Traffic Adjudication Number Street 14735 Main Street, Ste. 173B Upper Marlboro MD 20772-3042 City State ZIP Code			Last 4 digits of account number 0SR2 When was the debt incurred? 11/16/2023 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Traffic Citation #SZX0SR2	\$ 90.00
4.22	DISTRICT OF COLUMBIA Nonpriority Creditor's Name ADJUDICATION SERVICES Number Street P.O. BOX 37135 Washington DC DC 20013 City State ZIP Code			Last 4 digits of account number 0407 When was the debt incurred? 03/27/2025 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Citation No. D053530407	\$ 200.00
4.10	ELASTIC FINANCE Nonpriority Creditor's Name REPULIC BANK & TRUST COMPANY Number Street P.O.BOX 950276 Louisville KY 40295-0276 City State ZIP Code			Last 4 digits of account number 6765 When was the debt incurred? 05/08/2017 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent	\$ 4,290.00

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Consumer Loan

4.31	<p>EMPOWER FINANCE, INC Nonpriority Creditor's Name 9169 W State St #499 Number Street</p> <p>Garden City ID 83714 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8757 \$ 360.50</p> <p>When was the debt incurred? 04/28/2025</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p> <p>CASH ADVANCE SERVICE APP</p>
4.23	<p>EXPRESS LANES / Nonpriority Creditor's Name Transurban (USA) Operations Inc. Number Street P.O. BOX 23530</p> <p>Alexandria VA 22304 City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7854 \$ 22.15</p> <p>When was the debt incurred? 5/23/2025</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify</p> <p>Express Lanes Toll Invoice</p>
4.8	<p>FIRST SAVINGS-BLAZE Nonpriority Creditor's Name 1500 Highline Ave Number Street</p>	<p>Last 4 digits of account number 2401 \$ 811.00</p>

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

When was the debt incurred? 06/23/2015

Sioux Falls	SD	57108
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4.19

HARRIS & HARRIS DC

Last 4 digits of account number 459A

\$ 1,920.00

Nonpriority Creditor's Name

P.O. Box 96934

Number Street

When was the debt incurred? 10/21/2023

Washington DC	DC	20090
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Tickets: 6826-A \$360; 9860-A \$240; 0459-A \$120;
0943-A \$0943; 5864-A \$240; 4721-A \$240; 5816-A
\$240; 7703-A \$240

4.11

Layma, LLC dba Little Lake Lending

Last 4 digits of account number 35YL

\$ 2,131.00

Nonpriority Creditor's Name

2770 Mission Rancheria Rd.

Number Street

#393

When was the debt incurred? 10/09/2024

Lakeport	CA	95453
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim**Is the claim subject to offset?**

Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

No
 Yes

Consumer Loan

4.13 LIBERTY MUTUAL Last 4 digits of account number 4036 \$ 1,415.00

Nonpriority Creditor's Name

175 BERKELEY STREET

Number Street

When was the debt incurred? 11/01/2023

Boston MA 02116
City State ZIP Code**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

AUTO INSURANCE

4.3 Mariner Finance Last 4 digits of account number 3212 \$ 2,839.00

Nonpriority Creditor's Name

8211 TOWN CENTER DRIVE

Number Street

When was the debt incurred? 05/26/2023

Baltimore MD 21236
City State ZIP Code**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Consumer Loan

4.28 Maryland Department of Transportation (MDOT) Last 4 digits of account number 5297 \$ 30.00

Nonpriority Creditor's Name

6601 Ritchie Hwy, NE

Number Street

When was the debt incurred? 02/26/2025

Attn Admin Flag Unit / Rm 47B

Glen Burnie MD 21062
City State ZIP Code**As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated

Who incurred the debt? Check one.

Debtor 1 only

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

 Disputed**Type of NONPRIORITY unsecured claim:**

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Flag for Citation No. CR-3445297

4.29	Maryland Department of Transportation (MDOT) Nonpriority Creditor's Name 6601 Ritchie Hwy, NE Number Street Attn Admin Flag Unit / Rm 47B Glen Burnie MD 21062 City State ZIP Code	Last 4 digits of account number 0395	\$ 30.00
		When was the debt incurred? 09/23/2024	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Flag Fee for Citation No. SP41750395	
4.7	MERRICK BANK Nonpriority Creditor's Name PO Box 9201 10705 S Jordan Gtwy Number Street Ste 20 Old Bethpage NY 11804-9001 City State ZIP Code	Last 4 digits of account number 4077	\$ 2,247.00
		When was the debt incurred? 07/17/2013	
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card	
4.15	MOHELA / NAVIENT Nonpriority Creditor's Name P.O. BOX 9500 Number Street	Last 4 digits of account number 1370	\$ 30,392.00

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

When was the debt incurred? 09/27/2005

Wilkes-Barre	PA	18773-9500
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.6	NAVY FEDERAL CREDIT UNION	Last 4 digits of account number 9642	\$ 2,903.00
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Nonpriority Creditor's Name

P.O. BOX 3700

Number Street

When was the debt incurred? 08/14/2016

Merrifield	VA	22119
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card _____

4.1	ONEMAIN	Last 4 digits of account number 5318	\$ 9,026.85
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Nonpriority Creditor's Name

601 NW 2ND St

Number Street

When was the debt incurred? 04/06/2023

Evansville	IN	47706-1010
City	State	ZIP Code

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce
 that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim

 Yes

Consumer Loan

4.16	SMECO Nonpriority Creditor's Name P.O. BOX 1937 Number Street Hughesville MD 20637-1937 City State ZIP Code			Last 4 digits of account number 0929	\$ 2,980.54
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Electric Utility Bill					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.20	SNAP FINANCE / SNAP RTO LLC Nonpriority Creditor's Name P.O. BOX 26561 Number Street Salt Lake City UT 84126 City State ZIP Code			Last 4 digits of account number 6XMD	\$ 7,819.48
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Consumer Loan					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
4.18	VERIZON FIOS Nonpriority Creditor's Name P.O. BOX 16801 Number Street Newark NJ 07101-6801 City State ZIP Code			Last 4 digits of account number 0142	\$ 645.23
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans					

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4., followed by 4.5, and so forth.

Total claim Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Is the claim subject to offset?

 Debts to pension or profit-sharing plans, and other similar debts Other. Specify No

Cable Bill

 Yes

4.2	WELLS FARGO BANK, NA Nonpriority Creditor's Name P.O. BOX 71092 Number Street	Last 4 digits of account number <u>XXXX</u>	\$ <u>17,479.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce <input type="checkbox"/> that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Loan</u>	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

CREDIT COLLECTIONS SERV

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

725 CANTON ST

Number Street

Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Norwood

MA

02062-2679

City

State

ZIP Code

Last 4 digits of account number 4036

SPRING OAKS CAPITAL

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

1400 CROSSWAYS BLVD

Number Street

STE 100b

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Chesapeake

VA

23320

City

State

ZIP Code

Last 4 digits of account number 6765

CARSON SMITHFIELD

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

P.O. BOX 9216

Number Street

Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Old Bethpage

NY

11804-9216

City

State

ZIP Code

Last 4 digits of account number 4077

CONSERVE /

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

Continental Service Group, LLC

Number Street

P.O. BOX 9

Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Fairport

NY

14450-0009

City

State

ZIP Code

Last 4 digits of account number 6492

RGS FINANCIAL, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

1700 Jay Ell Drive

Number Street

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Richardson

TX

75081

City

State

ZIP Code

Last 4 digits of account number 2401

Asset Recovery Solutions, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

5250 Old Orchard Rd
 Number Street
 Suite 200

Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Skokie IL 60077
 City State ZIP Code

Last 4 digits of account number 1229

Asset Recovery Solutions, LLC
 Name

On which entry in Part 1 or Part 2 did you list the original creditor?

5250 Old Orchard Rd
 Number Street
 Suite 200

Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Skokie IL 60077
 City State ZIP Code

Last 4 digits of account number 1768

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

First Name

Middle Name

Last Name

25-14985

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claim**Total claims
from Part 1**

6a. **Domestic support obligations** 6a. \$ _____ 0.00

6b. **Taxes and certain other debts you owe the government** 6b. \$ _____ 3,450.35

6c. **Claims for death or personal injury while you were intoxicated** 6c. \$ _____ 0.00

6d. **Other.** Add all other priority unsecured claims.
Write that amount here. 6d. + \$ _____ 0.00

6e. **Total.** Add lines 6a through 6d. 6e. \$ _____ 3,450.35

Total claim**Total claims
from Part 2**

6f. **Student loans** 6f. \$ _____ 214,392.00

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims** 6g. \$ _____ 0.00

6h. **Debts to pension or profit-sharing plans, and other similar debts** 6h. \$ _____ 0.00

6i. **Other.** Add all other nonpriority unsecured claims.
Write that amount here. 6i. + \$ _____ 66,670.35

6j. **Total.** Add lines 6f through 6i. 6j. \$ _____ 281,062.35

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES	
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Maryland			
Case number (if known)	25-14985		

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.	Debtor 1	Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment Status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Include part-time, seasonal, or self-employed work.	Occupation	_____ _____	
Occupation may include student or homemaker, if it applies	Employer's name	_____ _____	
	Employer's address	Number Street _____ _____	Number Street _____ _____
		City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
	How long employed there?	_____ _____	

Debtor 1 ANTONICIA
First NameHOLMES
Middle Name
Last Name

Case number (if known) 25-14985

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse	
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
3. Estimate and list monthly overtime pay.	3. + \$ <input type="text" value="0.00"/>	+ \$ <input type="text" value="0.00"/>	
4. Calculate gross income. Add line 2 + line 3.	4. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
Copy line 4 here ➔		4. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5b. Mandatory contributions for retirement plans	5b. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5c. Voluntary contributions for retirement plans	5c. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5d. Required repayments of retirement fund loans	5d. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5e. Insurance	5e. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5f. Domestic support obligations	5f. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5g. Union dues	5g. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
5h. Other deductions. Specify: _____	5h. + \$ <input type="text" value="0.00"/>	+ \$ <input type="text" value="0.00"/>	
	5h. + \$ <input type="text" value="0.00"/>	+ \$ <input type="text" value="0.00"/>	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
8. List all other income regularly received:			
8a. Net income from rental property and from operating business, profession, or farm			
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
8b. Interest and dividends	8b. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
8c. Family support payment that you, a non-filing spouse, or a dependent regularly receive			
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	
8d. Unemployment compensation	8d. \$ <input type="text" value="0.00"/>	\$ <input type="text" value="0.00"/>	

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u> </u>
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.</small>		
Specify: _____ _____	8f. \$ <u>536.00</u>	\$ <u> </u>
	8f. \$ <u> </u>	\$ <u> </u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u> </u>
8h. Other monthly income. Specify: _____ _____	8h. + \$ <u>0.00</u>	+ \$ <u> </u>
	8h. + \$ <u> </u>	+ \$ <u> </u>
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>536.00</u>	\$ <u> </u>
10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	10. \$ <u>536.00</u>	+ \$ <u> </u> = \$ <u>536.00</u>
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.</small>		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: Contributions from my dependent son's monthly SSI payments. Monthly contributions from adult daughter to assist with household bills (e.g., utilities, food, rent)	11. + \$ <u>900.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. <small>Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies</small>	12. \$ <u>1,436.00</u>	
	Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:	I expect an increase in income this year. I am applying for unemployment benefits. But I am currently looking for new employment and should be re-employed by the end of the year.	

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of Maryland		
Case number (If known)	25-14985	

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

 No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

 NoDependent's relationship to
Debtor 1 or Debtor 2Dependent's
ageDoes dependent live
with you?Do not list Debtor 1 and
Debtor 2. Yes. Fill out this information for
each dependentDo not state the dependents'
names.

HARU CARTER IV

34

 No Yes3. Do your expenses include
expenses of people other than
yourself and your dependents? No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ _____

If not included in line 4:

4a. Real estate taxes	4a. \$ _____	3,900.00
4b. Property, homeowner's, or renter's insurance	4b. \$ _____	3,300.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$ _____	
4d. Homeowner's association or condominium dues	4d. \$ _____	
5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____	
6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$ _____	260.00

Debtor 1 ANTONICIA

HOLMES

Case number (if known)

25-14985

First Name

Middle Name

Last Name

		Your expenses
6b.	Water, sewer, garbage collection	6b. \$ 60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 107.00
6d.	Other Specify: _____	6d. \$ _____
7.	Food and housekeeping supplies	7. \$ 500.00
8.	Childcare and children's education costs	8. \$ _____
9.	Clothing, laundry, and dry cleaning	9. \$ _____
10.	Personal care products and services	10. \$ 50.00
11.	Medical and dental expenses	11. \$ _____
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 100.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ _____
14.	Charitable contributions and religious donations	14. \$ _____
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20	
15a.	Life insurance	15a. \$ _____
15b.	Health insurance	15b. \$ _____
15c.	Vehicle insurance	15c. \$ _____
15d.	Other. Specify: _____	15d. \$ _____
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. \$ 362.00
17b.	Car payments for Vehicle 2	17b. \$ 404.00
17c.	Other. Specify: _____	17c. \$ _____
17d.	Other. Specify: _____	17d. \$ _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ _____
19.	Other payments you make to support others who do not live with you. Specify: _____	19. \$ _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. \$ 209.00
20b.	Real estate taxes	20b. \$ _____
20c.	Property, homeowner's, or renter's insurance	20c. \$ _____

Debtor 1 ANTONICIA

HOLMES

Case number (if known) 25-14985

First Name

Middle Name

Last Name

Your expenses

20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>90.00</u>
20e. Homeowner's association or condominium dues	20e. \$ _____
21. Other. Specify: Timeshare monthly payment and bi-annual maintenance fees broken down to monthly cost amount.	21. +\$ _____
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. \$ <u>9,342.00</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. \$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$ <u>9,342.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from <i>Schedule I</i> .	23a. \$ <u>1,436.00</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>9,342.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>0.00</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input type="checkbox"/> No.	
<input checked="" type="checkbox"/> Yes. Explain here:	I expect my Mortgage payments to decrease after settlement of case. Also, Homeowners insurance will no longer be required and utility bills should decrease.

Fill in this information to identify your case:

Debtor 1	ANTONICIA	HOLMES
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the: District of Maryland		
Case number (If known)	25-14985	

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X Antonia Holmes
Signature of Debtor 1

X _____
Signature of Debtor 2

Date 06/17/2025
MM / DD / YYYY

Date _____
MM / DD / YYYY